



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: Chief Of Criminal Appeals Illinois Attorney General's Office 100 W. Randolph, 12th Floor Chicago, IL 60601		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, print or describe address below: <input type="checkbox"/> No	
		<div style="text-align: center;"> RECEIVED FEB 06 2008 <i>Chief of the Attorney General's Office</i> </div>	
		3. Service of the Office Services: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0001 7313 5594			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

08 CV 704

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**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**

FEB 12 2008